

## **Section 16: Special Populations – Serving Military Personnel and their Families**

### **Learning concepts and objectives**

- ❑ *To describe the unique issues facing military personnel and their families.*
- ❑ *To outline specific needs and pressures relating to deployment and the emotional cycle of separation and reunion.*
- ❑ *To identify the basic services designed to support military families.*

### **Section components**

- ❑ Basic structure of the U.S. military.
- ❑ Needs of military personnel and their families.
- ❑ Protection of military personnel.
- ❑ Deployment issues.
- ❑ Emotional cycle of separation and reunion.
- ❑ Service-related injuries and disorders.
- ❑ Basic structure of military family support services.

## Introductory exercises

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## What you need to know

### Basic structure of the U.S. military

There are five branches of the U.S. military:

- Army
- Navy
- Marines
- Air Force
- Coast Guard

All five branches of the armed forces have their own Reserves, which can be called upon to serve anywhere and at any time:

- Army Reserve
- Navy Reserve
- Marine Forces Reserve
- Air Force Reserve Command
- Coast Guard Reserve

The Reserve Component of the United States Department of Defense and, in the case of the Coast Guard, the United States Department of Homeland Security, are military organizations whose members generally perform a minimum of 39 days of military duty per year and who augment active duty forces when required.

The National Guard is a reserve military force composed of state National Guard militia units and is traditionally intended for homeland defense and domestic disaster relief. With the consent of state governors, units of state National Guards may be appointed as federally recognized armed forces members in active or inactive service and therefore, part of the National Guard of the United States.

The National Guard is divided into:

- Army National Guard
- Air National Guard

During peacetime, Reservists and National Guards are usually on Active Reserve status, spending one weekend a month and two full weeks every year in training (also called drilling).

Currently, members of the Reserve Component may also be categorized as an Activated (or Mobilized) Reservist (that is, on active duty for a period of more than 30 days) or as an Inactive Ready Reservist (that is, available for recall if the President determines the need but not drilling on a regular basis).

For the Reserve Component, eligibility for many benefits depends on their Reserve status.

The term "covered" (or eligible) veteran means a person who:

- Served on active duty for other than training for a period of more than 180 days and was discharged or released from duty with other than a dishonorable discharge
- Was discharged or released from active duty because of a service-connected disability
- Served as a member of a Reserve Component, under orders, on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge

### **Needs of military personnel and their families**

In addition to having the same needs as anyone else in the community, military personnel and their families face some very specific and difficult issues. These include the family pressures of preparing for deployment; experiencing separation and return; the uncertainties caused by regular relocation; the possibility of death and serious physical injury; and the need to obtain military-specific benefits.

The deployment of active duty and reserve military personnel has a significant and immediate impact on individuals, families and communities. In times of overseas conflict, the mobilization of reservists and deployment of troops creates an increase in demand for local social services.



I&R programs have a history of providing services for military personnel in both peace time and during war. Although many of their needs can be met by the military community, it is likely that they may also require access to additional community resources. In some cases, individuals may also feel more comfortable talking with people from outside the military. Community-based I&R services should prepare to respond to these requests.

### **Protections for military personnel**

Reservists are often worried about their employment situation when they face being absent from their permanent job while on active duty for an extended time.

The Uniformed Services Employment and Re-employment Rights Act (USERRA) prohibits discrimination against individuals because of their service in the Armed Forces Reserve, the National Guard or other uniformed services.

USERRA prohibits an employer from denying any benefit of employment on the basis of an individual's membership, application for membership, or service in the military. It also protects the rights of veterans, Reservists, National Guard members and certain other members of the uniformed services to reclaim their civilian employment after being absent due to military service or training.

The Service Civil Relief Act (SCRA) provides a wide range of additional protections for individuals entering, called to active duty or deployed service members.

This Act is intended to postpone or suspend certain civil obligations to enable service members to devote full attention to their duty and to relieve stress on family members of deployed service members. A few examples of such obligations include outstanding credit card debt, mortgage payments, pending trials, taxes and lease terminations.

### **Deployment issues**

Deployment is a natural part of military life. It is what people train for.

Military personnel must maintain a state of personal readiness for deployment or extended temporary duty, and families must always be prepared for deployment.

Being adequately prepared can reduce stress, minimize financial and legal problems, and ensure smooth transitions for individuals and families.

Deployment readiness issues include:

- Common everyday tasks

These involve a vast array of seemingly mundane matters that might be the cause of later anxiety if not addressed beforehand. How will the kids get to conflicting after-school activities when there is only one parent? What about mowing the grass or handling the banking? And all the responsibilities that tended to be handled by a deploying family member? Are there any house repairs that need completion?

- Contact information

Who does what on the base? It is very important that the family knows who to contact, and is aware of emergency phone numbers and notification procedures, and knows where to turn for anticipated as well as unplanned needs.

- Important personal and family information

Personal and family information needs to be up-to-date and accessible. There may be military papers, ID cards, dog tags, line badges and emergency data cards. Family members who are left behind need to have documents such as car ownership and registration. Other important papers include insurance policies, powers of attorney, a will, marriage and birth certificates, ATM access numbers, online banking passwords, tax forms and mortgage papers.

- Financial planning

A budget is essential. Families need to consider changes that will occur with deployment and the need to cover additional expenditures such as phone bills and travel. Is there access to all bank accounts? Is everyone familiar with the cycle of bill payments? How will credit card bills be managed? Is it clear how much to expect in allotments? Emergency funds are also essential in case something unexpected arises.



- Emotional support

Deployment is never easy on families. During times of war, the emotional stress is understandably higher and may not be fully recognized while individuals focus on day-to-day preparedness.

Deployment can also create different demands for unmarried members of the military. They experience all of the emotions and relationship stresses of departure, but have the added challenge of finding a reliable individual to handle their personal affairs during their absence. The importance of understanding separation issues, having a will and addressing other life issues is also critical for single members as well as their married counterparts. In addition, some single personnel may be responsible for the care of a child or a parent.

### Emotional cycle of separation and reunion

Some people feel overwhelmed, some pumped up, and others indifferent or numb. There is no 'right way' to feel at any stage.

However, there is a generally recognized 'emotional cycle of separation and deployment'.

### Deployment Preparation

Stage 1 - Anticipation of Departure (typically 1 to 6 weeks before departure).

Before deployment it is not unusual for spouses to protest, to feel tense, to be frustrated and to avoid the reality of departure. People may unexpectedly find themselves being emotional at what may seem to be little things. There is also tension as couples cram a multitude of activities into a reduced timeframe. There are tasks to complete, things to do, and people to see. It can be a hectic and frustrating time.

Stage 2 - Detachment and Withdrawal (typically the last week before departure).

Detachment may begin before the actual departure. There may be anger and emotional break-offs as people prepare for separation. Detachment will also be a part of the whole separation time. It can be a time of mixed feelings, as people attempt to protect themselves by distancing, yet want to make the most of the available time. At the beginning of this stage, a spouse may experience the grief of loss.

### During Deployment

Stage 3 - Emotional Disorganization (typically 1 to 6 weeks into deployment).

Emotional disorganization can first occur when the family attempts to create new routines and carry out their new responsibilities. Many spouses become depressed and withdraw from friends and neighbors, especially if other families are not experiencing deployment. They often feel overwhelmed as they face total responsibility for family affairs. The disorganization soon passes, however, as the family adapts.

Stage 4 - Recovery and Stabilization (variable, between weeks 3 and 5).

Recovery and stabilization occurs as the family establishes new routines and realizes they are doing fine. It is a time of increased confidence. A subconscious move from "we" to "me" has taken place to some degree. The spouse often refers to "my house," "my car," and "my kids." Many spouses have a new sense of independence and freedom and take pride in their ability to cope.

### Return and Readjustment (Homecoming)

Stage 5 - Anticipation of Return (starts typically about 6 weeks before return).

This is the "Oh great! They're almost home," stage. With it comes excitement and anxiety. Some spouses become frenzied, as they rush around trying to make everything perfect for the return.



An important note to remember for this stage is to not expect things to be perfect immediately after the reunion. Families should consider setting aside quiet time during the first few days. Avoid planning a busy schedule of events. Even though reunion is exciting, it can also be stressful. Changes may have occurred and everyone will need time to adjust.

Stage 6 - Return Adjustment and Renegotiation (typically about 6 weeks after return).

After returning home, the relationship begins a phase of adjustment and renegotiation. Assumptions and expectations need to be recognized and reevaluated to account for the changes that have occurred during the separation. It may be a time of tension and sometimes arguments. This is, however, normal and to be expected. Open and honest communication can solve many problems or conflicts.

Stage 7 - Reintegration and Stabilization (typically 6-12 weeks after return).

The last stage is when reintegration has occurred and there is a return to stability in family relationships. "Normal" life resumes for all.

A common expectation is that the family will be exactly the same as it was before the deployment. However, during deployment families naturally change. Children have grown and spouses have taken on new responsibilities. New friendships may have formed. War zone exposure is a life changing experience for those deployed.

The emotions experienced during the cycles of deployment are a normal reaction to an abnormal situation unique to the military. To cope with the overall stress of the situation, a family should consciously try to stay healthy and happy, and as busy as needed.

## Service-related injuries and disorders

Families long to be safely united.

But the reality is that this is not always the case.

Military members sometimes do not return home. Or they return with serious physical injuries. Or with mental illnesses - not all of which are always immediately apparent.

One of the experiences from the current conflicts is that because of new body armor and advances in military medicine, the numbers of those killed as a percentage of overall casualties is considerably lower than in previous campaigns - but the number of people returning with serious disabling injuries is much higher. Obviously, this is "good news" but it bears its own consequences.

Many U.S. veterans of the Iraq War have also reported a range of serious health issues, including tumors, sexual dysfunction, migraines, frequent muscle spasms, and other conditions similar to the debilitating symptoms of "Gulf War Syndrome" reported by many veterans of the 1991 conflict.

### Traumatic Brain Injury (TBI)

Another emerging factor is the increased exposure to high explosives on a frequent basis. These repeated blasts cause damage, even though there may be no outward sign of injury. Over 90% of combat-related TBIs are what are called "closed" brain injuries that are not immediately obvious or directly caused by combat wounds but which can result in significant cognitive, physical and/or psychological impairment.

Symptoms experienced as a result of a closed brain blast injury may include decreased memory and a reduced ability to concentrate, headaches, irritability, depression, and/or sleep disturbances.

The Defense and Veterans Brain Injury Center (DVBIC) at [www.dvbic.org](http://www.dvbic.org) works to identify all soldiers who have sustained a closed head injury during combat operations and to ensure that they receive the best care available.



## Combat Stress Reaction

Some service members report feeling upset or "keyed up" even after they return home. Some may continue to think about events that occurred in combat, sometimes even acting as if back in a combat situation. These are common "combat stress reactions" (also called acute stress reactions) that can last for days or weeks and are a normal reaction to combat experiences.

Most service members who experience combat stress reactions, will recover naturally over time. Others continue to struggle with memories of their combat experiences and their reactions.

- **Re-experiencing.**  
Sometimes after people have returned from combat, they may continue to think about things that happened. They may have nightmares about events they have witnessed. At times, they may feel as though they are actually back in the war-zone. Sometimes, these images are "triggered" by reminders, such as sights or sounds or smells that remind them of their combat experience.
- **Avoiding reminders and numbing of emotions**  
It seems normal to not want to think about distressing thoughts and to avoid upsetting reminders. However, individuals sometimes go to great lengths to prevent recalling memories or discussing their past experiences.. They may appear to withdraw emotionally or physically from family and friends and be numb and detached. They may resist or even become angry when asked to talk about their feelings or behaviors. They may use alcohol, illegal drugs, or prescription medications to avoid these thoughts and feelings.
- **Arousal**  
"Sometimes service members describe feeling jumpy or easily startled or unable to ever "let their guard down". They may drive aggressively. They might closely examine people or places to look for signs of danger or attack. They may be overly protective of children and fear for the child's safety. Feeling keyed up can also make it harder for them to sleep and can cause irritability.



## Depression

Depression can vary from person to person, but generally, depression involves feeling down or sad more days than not, and losing interest in their family or activities that used to be central to their life. The service member may feel low in energy and be overly tired. Depression also involves a feeling of hopelessness or despair, or the feeling that things are never going to get better. Depression may be especially likely when a person has had personal losses connected with their deployment such as the death of close friends. Remember that depression responds to treatment.

## Substance Abuse

"Self-medicating" by drinking or abusing drugs is a common way for some people to cope with stress reactions. Usually this is related to other readjustment concerns, as a person tries to deal with the difficult thoughts, feelings, and memories related to their war zone experiences. When a person wants to avoid the memories or feelings related to combat, alcohol or drugs may seem to offer a quick solution, but they actually lead to more problems.

## Post Traumatic Stress Disorder (PTSD)

Post-traumatic stress involves a normal set of reactions to a trauma such as war. Sometimes it grows into a disorder when feelings or issues related to the trauma are not dealt with and are suppressed by the individual. This can result in problems readjusting to community life following the trauma.

One early study indicated the estimated risk for PTSD from service in the Iraq war was about 15%, while the estimated risk for PTSD from the Afghanistan mission was around 10%. And the rate of those affected increases when substance abuse, depression, and relationship problems are also factored in.

Combat veterans are at higher risk for psychiatric problems than military personnel serving in non-combat locations, and more frequent and more intensive combat is associated with higher risk.

PTSD symptoms usually start soon after the traumatic event, but they may not happen until months or years later. They also may come and go over many years.

## Suicide

War experiences and combat stress reactions, especially personal loss, can lead a depressed person to think about hurting or killing themselves. If someone may be feeling suicidal, you should directly ask them. You will NOT be putting the idea in their head. It is critical to address suicidal thoughts directly. Please refer to the section on Crisis Intervention in this publication.

Many returnees hesitate to receive mental health treatment for fear that it will hurt their image or even ruin their military careers. Effective treatments exist and early treatment can prevent worse problems from developing. Encouraging veterans to seek help is a benefit for all concerned.

Online mental health screening tools provide an anonymous self-assessment for depression, alcohol disorder, post-traumatic stress disorder (PTSD), generalized anxiety disorder, and bipolar disorder at [www.MilitaryMentalHealth.org](http://www.MilitaryMentalHealth.org). Individuals can print the results of their assessments to take with them to a health care provider.

## Basic structure of military family support services

### FAMILY CENTERS

Changes in the economy, base closures, and the outsourcing of some services such as housing and health care has changed the structure of military family support provision. However, family centers are still located on most military installations to provide information and referral, life skills education, and support services to military personnel and their families.

Each branch of the military has family centers but they are all known by slightly different names:

- Army Community Service Centers (ACS).
- Navy Fleet and Family Service Centers (FSC).
- Air Force Family Support Centers (FSC).
- Marine Corps Family Service Centers (FSC).



The services they provide include:

- Crisis assistance for responding to critical situations. In some cases, bases provide 24-hour assistance.
- Deployment and mobilization support to help families before, during and after deployment, including the families of reservists during times of mobilization.
- Employment assistance to help military spouses and family members find jobs on or off the base.
- Financial management counseling and education to help plan budgets, work through any debt problems, and also help plan for retirement. Assistance can also sometimes be provided to help military families cope with unforeseen financial setbacks and sudden needs such as emergency travel.
- Relocation assistance to help with the practical and emotional upheavals of frequent moves that often uproot families, disrupt routines, and create financial hardships.
- Support groups including family support groups during deployment.
- Family advocacy including domestic violence prevention, education and support.
- Referrals to appropriate services available in the local community and/or to government assistance programs.

#### MILITARY ONESOURCE

Military OneSource is a 24-hour toll-free information and referral service available worldwide to active duty, Reserve, and National Guard military personnel and their families, as well as deployed civilians and their families. This service can also provide some free counseling sessions on particular issues.

Counseling in the military is safe, secure and supportive. Counselors are surrounded by a firewall of confidentiality. This means that what is discussed during a counseling session stays in the session. Friends, family or Commands are not informed about counseling sessions. The only exceptions are identical to non-military counseling situations: that is, where there is a danger to self or others, or suspicions of child or elder abuse.



## AMERICAN RED CROSS

The American Red Cross provides emergency services to members of the U.S. Armed Forces and their families. Some of these services include:

- Emergency communication - a service that transmits or receives messages at no cost to service personnel or their families 24 hours a day.
- Information verification to assist service personnel in obtaining leave time during family crises.

## VA SERVICES

All service members should enroll with VA services, even if there is no immediate plan to use them. Once service members have returned from deployment, they are eligible to receive cost-free health care and readjustment services through the VA for any conditions related to combat service for two years following active duty. After two years, services are still available for a co-pay based on income. If a person served in the National Guard or Reserves and was deployed to a war zone, they are eligible for the same benefits.

The broad range of benefits from Veteran's Affairs includes disability compensation and pension, vocational rehabilitation and employment, education and training, home loan guarantees, automobile and specially adaptive equipment grants, home modification programs for the disabled, life insurance and traumatic injury protection, and survivor benefits. Information on these programs is available at [www.vba.va.gov/benefit\\_facts/index.htm](http://www.vba.va.gov/benefit_facts/index.htm)

## VA HEALTH CENTERS

VA health care centers are located across the country, and range from small, local clinics to large hospitals. At these facilities, service members can receive help for any problem, both physical and mental health problems.

## VET CENTERS

Vet Centers are located throughout the country and are focused on helping veterans readjust to life after deployment and providing outreach. Many of the counselors are veterans themselves. They offer readjustment and mental health counseling, providing vets and their families with resources to handle post-deployment issues.

## NATIONAL RESOURCES DIRECTORY

Finally, the National Resources Directory at [www.nationalresourcedirectory.org](http://www.nationalresourcedirectory.org) is a comprehensive database of military and non-military programs and information resources that includes details on all of the above and much more.

## Scenario and Role-playing Exercise

The scenario and role-playing exercise are tools to stimulate discussion about how this material is applied in real life I&R settings. They may not fit your particular type of I&R service, so please customize to best reflect your own realities.

The scenario can be used in settings where the group (or facilitator) prefers a reflective discussion of a situation rather than an interactive experience, and questions are provided to stimulate and provoke conversation after reading/hearing the story. The role-play can also be read by the group and/or facilitator and used in the same manner. Similarly, the scenario may also be turned into a role-play. In both cases, the narration should be used only as a guide and participants are encouraged to use their own words.

In some cases members of the group may find benefit in actually hearing and practicing scripted responses, and the role-play offers that option. In other cases, members of the group may benefit from developing their own improvised responses to issues that surface, and the scenario can be used for that experience. The facilitator may choose, for example, to read the first portion of the scenario then ask the group to come up with possible responses in dialogue format.

Please feel free to use these tools flexibly according to the needs and interests of the participants and the setting.



## Scenario

A woman calls the local comprehensive I&R and says she needs a food box. The I&R Specialist asks for her ZIP code. While the database runs its search, he asks for some demographic information and learns the caller has two children younger than age five.

The Specialist refers the caller to two local food pantries, and asks if she knows that she might be eligible for nutritional support through WIC. The caller says she's never asked for help before and only needs food now because her husband's in the Guard and just deployed, so he's not working and their income is about half of what it was.

The Specialist asks if the caller has been in touch with the local military family service center, and the caller says she's never heard of it. The Specialist explains the function of the service. He expresses understanding that deployment can be a chaotic time for families and that sometimes they lose track of important information the military provides in those times.

The caller says she's not sure she wants to call the base for help; she doesn't think her husband would want anyone to know they're in this situation. But she's scared they won't have enough food until his first military check arrives. The Specialist says the caller can certainly make use of the local food pantries that aren't associated with the military, but suggests that other support might also be available and that the family service centers will keep everything confidential if she does call them.

The Specialist suggests that the caller might wish to try the Military OneSource number first, or visit the National Resource Directory website, since she could remain anonymous and just ask questions to get more information. The caller agrees that she would like those resources.

The Specialist provides the referrals, then encourages the caller that she may call back at any time.

1. The I&R Specialist did not follow up with the referral to WIC. Perhaps he thought the military family could access all government resources via the referral to the family service center. Do you know whether this is true? Do you have a good understanding of the resources available to military families? Do you need that information if you aren't working in a military setting? Why or why not?
2. The I&R Specialist might not have thought about referring the caller to the military family service center if the caller hadn't mentioned her husband's recent deployment, and some critical referrals might not have been made. Is there a procedure that should be standardized in your call center to assure that callers receive the full range of information they need, including military resources? Discuss.



## Role-playing option

A woman calls and says she needs to see about getting some counseling for her husband. The I&R Specialist establishes some rapport with the caller by gathering generic information, and in the course of this learns that sometimes he's moody, then suddenly he gets very angry, but other times he's just fine and she never knows what's coming next. She says the children are crying more, and then he gets angry when they're upset, and everyone's completely stressed out.

- *It sounds like everyone feels like they're walking on egg-shells. Has something happened recently?*

OR

- *It's hard when you don't know what to expect. Has this been going on for a while?*

OR

- *Mmmm, and you're seeing the whole family get stressed and don't know what to do?*

The caller says she thinks it started a couple of months ago. When he got back from the war last year he was fine, and everybody was glad he was home safe. It was tough at first since he'd been gone for six months, but they got used to each other again. Now he comes home from his job at the base and she never knows what kind of mood he'll be in. She figured he'd be happy to be home. Now they fight all the time because he just sits around and doesn't help.

- *Mmm, it was hard on you while he was gone, but it's still hard even though he's back.*

OR

- *Sounds like it's been harder than anyone thought it would be.*

OR

- *You thought things might get back to normal now that he's home again?*

The caller agrees that she's sick of it and has told him he'd better get some help or she's leaving. She says she can't take it anymore and starts crying. She said it wasn't easy when he was gone, but they figured out how to get by. But now it's almost worse than when he was away.

- *It really has been rough on you, and it sounds like it's been rough on him, too. I do have information about some places that might be able to help.*

OR

- *Well, sure, you figured out how to cope while he was gone, and now you've tried hard to adjust again. But it sounds like something else is going on now. It does sound like perhaps both of you could use someone to talk to.*



The caller says yes, she guesses she could probably talk to someone but she's worried about him.

- *You know, it's not uncommon for people who've been deployed to a war zone to have some significant emotional struggles when they come back home, and it's not unusual for it to remain hidden for a while.*

OR

- *Well, we're learning that people who return from war do have some unique problems that they may not be able to talk about right away. What you're describing actually sounds like the kinds of things other military families are dealing with right now.*

The caller seems surprised and says she didn't think anyone else was having this problem.

- *Would you be comfortable calling the on-base family service center and talking with someone there? I'm sure they've spoken with many military families who're going through the same thing, and they would know the benefits and support your husband and your family are entitled to receive.*

OR

- *I have information about the family service center that I can share with you, and also a toll-free line called Military OneSource. My information says they work with families who are getting ready to deploy, but they can also help families who are getting readjusted after returning from service. Does this sound like it may help?*

OR

- *There are a lot of community supports for people who may need counseling, but there are also some good services within the military community. Can I share those with you?*

The caller says she would appreciate the information about the family service center, and the I&R Specialist gives the appropriate referrals.

- *I want to assure you that the family service center will keep your information confidential, but I also want you to know you can call us back at any time.*

OR

- *The family service centers are staffed by experienced people who understand what you're going through, but they also know it's important to keep your information private and confidential.*

OR

- *Please don't hesitate to call again if you want any additional referrals.*

The caller thanks the Specialist and hangs up.

### **Suggested ways to speak with clients**

- “You should know that what you are feeling is exactly what thousands of people in your position have felt before and are feeling right now. It is a very difficult situation and even when you understand the reasons for your emotional response, it is hard to ignore it.”
- “Have you talked about this as a family, so that you are prepared for what is going to happen over the next few days and the next few months, and also for the readjustments everybody will have to make when the family is all back together again?”
- “The military has family support centers that can really help you sort things out. Would you like the local number?”

## Summary of key points

Needs of military personnel and their families.

- Same as everyone but also unique to military.
- Deployment stresses.
- Financial challenges.
- Regular relocation.
- Family pressures.

Protection for military personnel

- Uniformed Services Employment and Re-employment Rights Act (USERRA)
- Service Civil Relief Act (SCRA)

Deployment issues.

- Common everyday tasks.
- Contact information.
- Important personal and family information.
- Financial planning.
- Emotional support.

## Emotional cycle of separation and reunion

- Deployment preparation

Stage 1 - Anticipation of departure (typically 1 to 6 weeks before departure).

Stage 2 - Detachment and withdrawal (typically the last week before departure).

- During deployment

Stage 3 - Emotional disorganization (typically 1 to 6 weeks into deployment).

Stage 4 - Recovery and stabilization (variable, between weeks 3 and 5).



- Return and readjustment (Homecoming)

Stage 5 – Anticipation of return (starts typically about 6 weeks before return).

Stage 6 – Return adjustment and renegotiation (typically about 6 weeks after return).

Stage 7 – Reintegration and stabilization (typically 6-12 weeks after return).

Service related-injuries and disabilities.

- Traumatic Brain Injury (TBI).
- Combat stress reaction.
- Depression.
- Substance abuse.
- Post-Traumatic Stress Disorder (PTSD).
- Suicidal thoughts.

Basic structure of military family support services.

- Military family centers.
- Military OneSource.
- American Red Cross.
- Veterans services.

### **Test questions on Section 16 objectives**

1. Which of the following is an example of a concern that might be more specific to military families?
  - a. Mortgage payments
  - b. Regular relocations
  - c. Moving costs
  - d. Depression
  
2. Which of the following feelings might be experienced during pre-deployment?
  - a. Anticipation of homecoming
  - b. Withdrawal of financial assistance
  - c. An emotional cycle of separation
  - d. Detachment and withdrawal
  
3. Which of the following might be part of pre-deployment preparation?
  - a. Organization of financial information
  - b. Placing a hold on any household matters
  - c. Arrangement of a farewell party
  - d. Marriage and family counseling
  
4. Which of the following is an example of an emotion that is most likely to occur during the pre-deployment period?
  - a. A sense of relief.
  - b. A gradual increase in tension.
  - c. A sense of grief
  - d. A gradual increase in hope.

5. Which of the following is the most reasonable first referral for a disabled veteran?
- a. Department of Defense.
  - b. Armed Services YMCA.
  - c. Department of Veterans Affairs.
  - d. Department of Health and Human Services.
6. Which of the following most accurately describes the nature of military families?
- a. Military families face the same range of life challenges as everyone else plus situations unique to military life.
  - b. Military families face completely different life challenges as everyone else.
  - c. Military families face exactly the same life challenges as everyone else.
  - d. All military families face different challenges in the same manner as non-military families.
7. Which of the following is the closest definition of a Post-Traumatic Stress Disorder?
- a. A series of self-induced psychotic episodes.
  - b. A severe anxiety disorder developed after exposure to terrifying experiences.
  - c. A Traumatic Brain Injury (TBI).
  - d. The consequences of exposure to toxic chemicals.



8. Which of the following is the best description for the emotional cycle that is sometimes experienced when a family member returns home?
- a. Initial frustration followed by a period of further hesitation as the family readjusts to being together
  - b. Instant integration as the family slots straight back into its normal routine.
  - c. Initial excitement followed by a period of renegotiation as the family readjusts to being together
  - d. Initial hesitation followed by a period of excitement as the family readjusts to being together
9. Which of the following is an example of an emotion that is most likely to occur during homecoming?
- a. Withdrawal and detachment
  - b. Apprehension and excitement
  - c. Feelings of denial
  - d. Sense of abandonment
10. Which of the following is a possible example of a combat stress reaction?
- a. Suppressing
  - b. Re-assessing
  - c. Stabilization
  - d. Re-experiencing
-

### **Answers to Section 16 test questions**

1. (b)
  2. (d)
  3. (a)
  4. (b)
  5. (c)
  6. (a)
  7. (b)
  8. (c)
  9. (b)
  - 10.(d)
-